

WACC Treasurer Reimbursement Form 2024-25

Please provide the following information & attach receipts:

NAME:

DATE:

ADDRESS:

CITY/STATE/ZIP:

Expense Amount:

(If multiple categories, please indicate \$\$ per category)

Description of expense:

Please select the appropriate budget line:

Selection	Category	Expense
	3	Membership Dues
	4	Newsletter - mailing
	5	Meeting Speaker
	6	Hospitality
	7	Outdoor Shows (tent shows)
	8	All Member Show
	9	December Meeting
	10	Signature Show
	11	Annual Juried Exhibition
	12	Sketch Group
	13	Workshops
	14	Correspondence
	15	Scholarship
	17	Barn Operating Expense
	18	Website & software
	19	WACC Support
	21	Studio Maintenance
	27	Barn Capital Improvements
	28	Accounting & Legal Fees

Please send to:

WACC.TREASURER.01@gmail.com

or

WACC Club Treasurer

The Barn

6980 Cambridge Avenue

Cincinnati, OH 45227